

Polysystem Development Update

3rd February 2010

This paper builds upon the information included in our Strategic Plan about polysystems. It provides:

- an update on the configuration of polysystems which changed from four to three since the draft SP submission in December 2009
- the nature of services provided at the hub and significant spoke facilities
- A summary of the outstanding issues that need to be resolved to progress the development of polysystems.

Update on Polysystems

A Management Team decision was taken to move from 4 to 3 Polysystems. The reasons for change were:

- The previous justification for the four system model was largely based upon NHS London guidance that the population for each polysystem should be 80-100,000. Lambeth is unique compared to other London boroughs due to relatively small geographically area, high population, housing two world-renowned hospitals and strong transport links. This means that access to services will not be compromised in moving to fewer polysystems with a larger population.
- Recent feedback received from LCH and LBL Social Services said that a 4 polysystem configuration would be a less efficient model as nursing/social services teams are currently arranged in three teams on the existing locality model.
- The Central polysystem in the four polysystem arrangement was not a natural community with transport links east to west more difficult than north to south.
- Evidence indicates that there is insufficient demand to warrant a fourth urgent care access point in Lambeth, i.e. at Norwood
- On the whole, the PBC consortia preferred the three polysystem model but acknowledge there is no perfect fit for Lambeth.

Service Configuration

NHS London's expectation is that, "A polysystem comprises a polyclinic hub, supported by GP practice 'spokes' out in the community. It provides:

- Certain routine hospital services
- X-rays and blood tests
- Fully equipped with first-class facilities giving people in London more access to doctors, specialists and routine care;
- Urgent care services 12/7 when community based or 24/7 when A&E co-located."

The Strategic Planning Guidance expects PCT's to develop, "Plans for a one stop shop for treatment demonstrating continuity and integration between primary and secondary care to deliver care closer to home for outpatients, diagnostics, minor ops and the 50% of current A&E attendances that could be provided by primary care staff." Our current proposal is for services to be configured as follows:

Table 1: Hub and Spoke Configuration

Polysystem	Hubs and Significant Spokes	Planned Services
North	St. Thomas	Primary care led urgent care at front-end to A&E Fast track access to x-ray
	Riverside	Outpatient shift and supporting diagnostics
	Springfield	Outpatient shift and supporting diagnostics
South East	King's	Primary care led urgent care at front-end to A&E Fast track access to x-ray
	Norwood Hall NRC	Outpatient shift and supporting diagnostics
	Akerman NRC	Outpatient shift and supporting diagnostics
South West	Gracefield Gardens	Open access GP service, 8-8am, 365 days/year Outpatient shift and supporting diagnostics No x-ray
	Clapham Town NRC	Outpatient shift and supporting diagnostics

The "outpatient shift" referred to in the table above may include the following high volume specialities:

- COPD
- Chronic Heart Disease
- Heart Failure
- Asthma
- Diabetes
- Musculoskeletal Clinical Assessment, Triage and Treatment Service (CATTS)
- Gynaecology
- Dermatology
- Ophthalmology
- Obstetrics
- Orthopaedics
- Respiratory medicine
- Rheumatology
- Pain management
- ENT
- General medicine

Early thinking indicates that the proposed configuration of services across hub and spoke facilities is appropriate for the following reasons:

- patients presenting at the primary care front end UCC's, co-located on the hospital sites, will have fast track access to x-ray. This will enable a seamless process for assessing and diagnosing minor injuries
- x-ray is not an essential diagnostic tool to support the range of services that are intended for outpatient shift (e.g. diabetes, cardiac clinics, respiratory clinics)

- adequate extended hours GP provision to be provided in significant spokes subject to demand, to cater for patients presenting with an unplanned minor illness.

Outstanding Issues

The issues/challenges faced by the three polysystem model are:

- There are five practices within the south east polysystem that have not been captured as spokes for either the Akerman or the Norwood Hall business case.
- The NHS London expectation is that diagnostics (significantly x-ray), urgent care and outpatient shift should be co-located. A practical solution is sought.
- There is a concern by some GP's that very little will change, especially if front-end primary care led urgent care centres are located on hospital sites. There is a feeling that this is not appropriate in the north as the majority of the population are based in Stockwell not Waterloo where St Thomas's is located.
- The North PBC consortium are concerned that the significant spokes (Riverside and Springfield) for the north polysystem are not in an ideal location based upon flows/population density.
- Concerns from NHS London that the number of patients accessing urgent care services at King's is high. Current proposals indicate that there will initially be 145,000 from Lambeth and a further 145,000 from Southwark. The Southwark figure will reduce to 75,000 once their Lister hub becomes operational. NHS Lambeth need to determine whether there is sufficient demand to warrant urgent care in Norwood.

Issue for Consideration: Assignment of Practices within the South east Polysystem

A summary of the five practices that were not included as spokes for either the Akerman or Norwood Hall NRC business cases are labelled on the map included in appendix A. The table in appendix B summarises the situation for each of these five practices. In order to resolve this issue, the intention is to have a facilitated discussion with the 5 practices concerned and representatives from Lambeth Community Health and LBL. This will be informed by the thermal maps included in Appendix C.

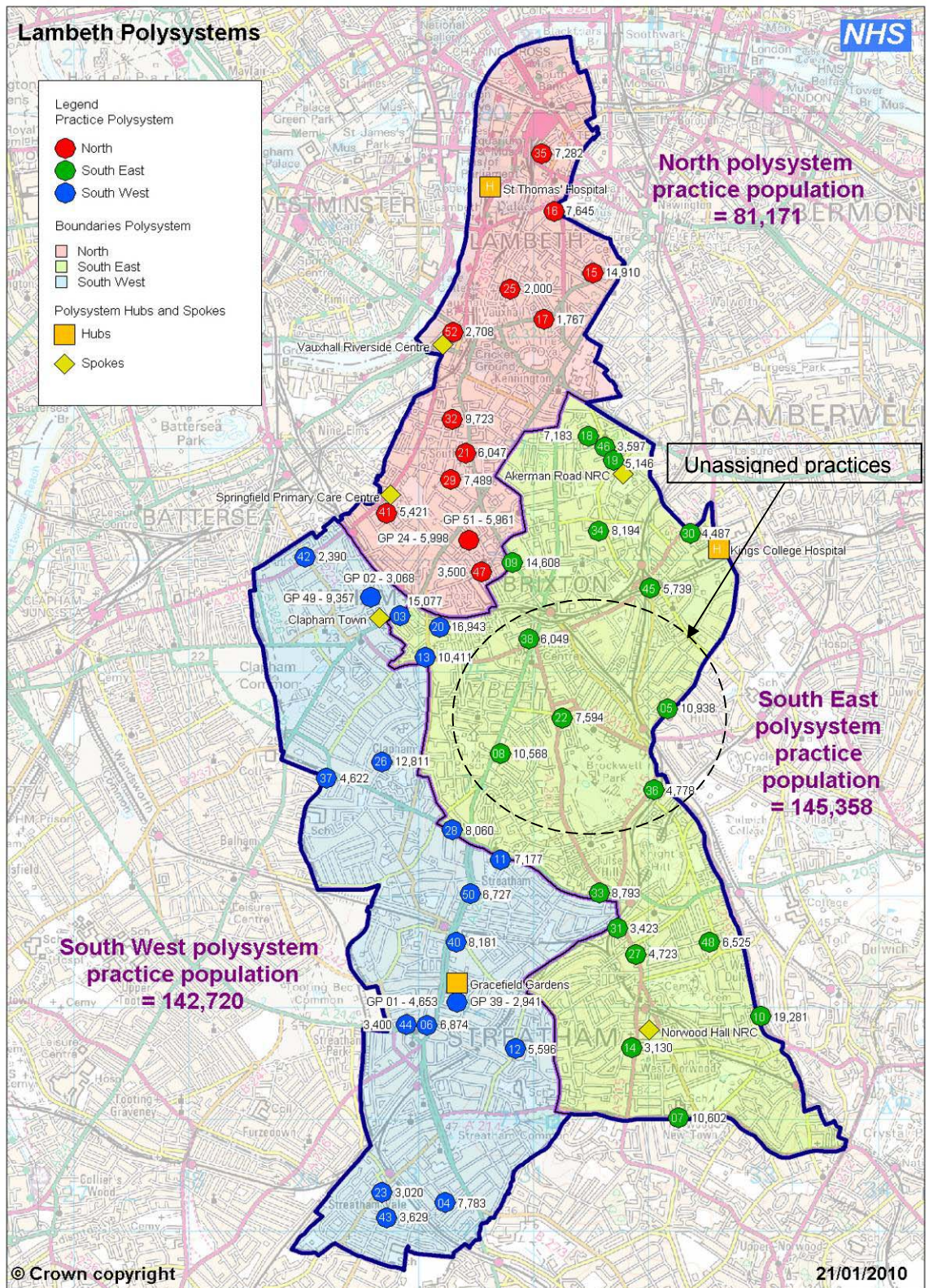
The group are asked for their views on whether this is a reasonable process to follow in order to find the best solution for these five practices.

Issue for consideration: Co-location of Urgent Care, Outpatient shift and Diagnostics.

The group are asked to consider for each polysystem whether the arrangement of services described in table 1 will be an effective model of care, taking into account:

- *adequacy of x-ray provision*
- *whether the geographical locations of urgent care provision for minor injuries and minor illness is easily accessible*
- *the types of diagnostic tools that are most important to support the services identified for shift*

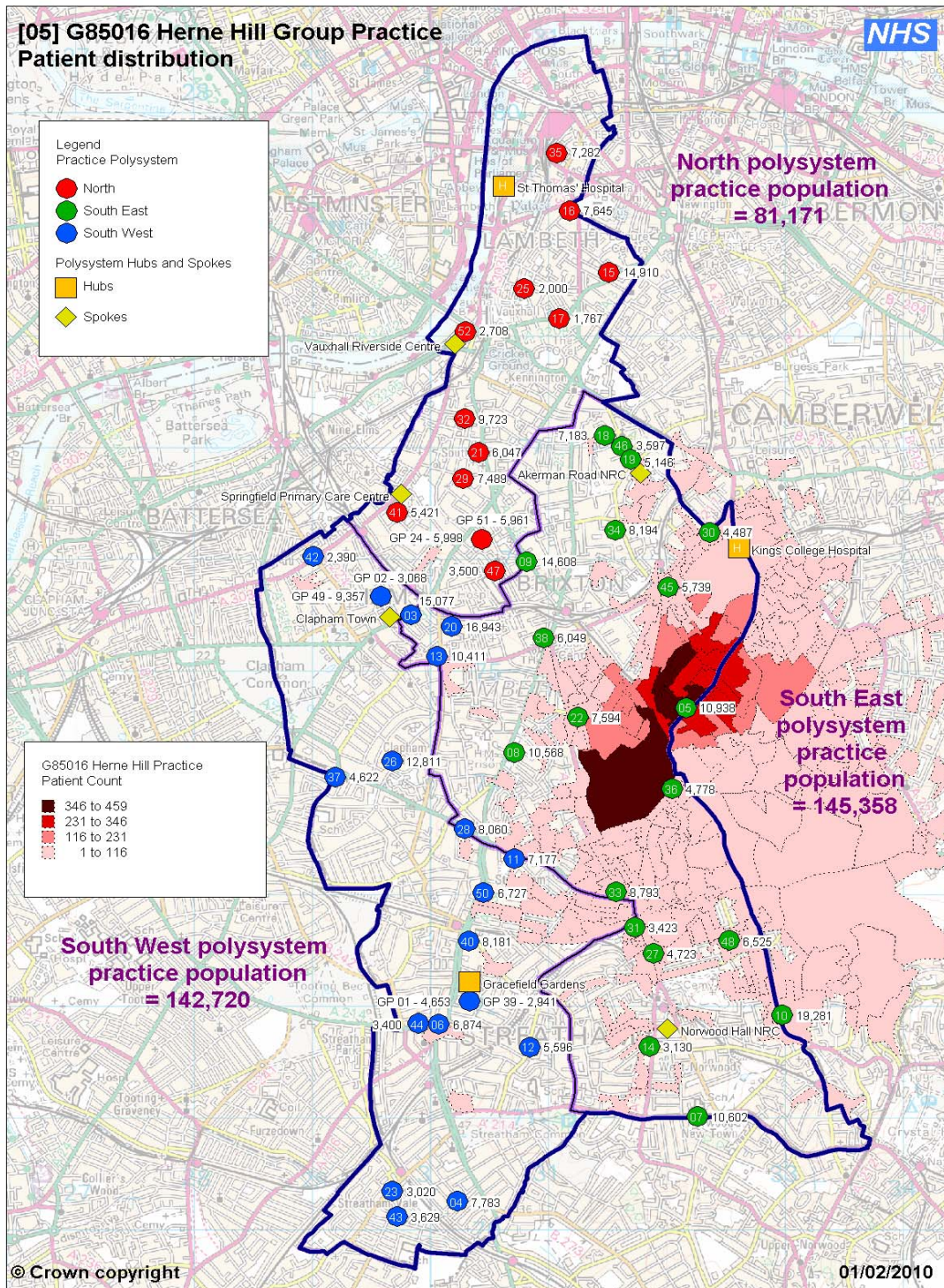
Appendix A



Appendix B

Practice	Patient Population	Background Info	Key Challenge/Solution
Herne Hill Group Practice (05 on map)	10,000	Practice is in the GHD consortia with Paxton and Crowndale (significantly sized practices within the Norwood network). Practice located on the Lambeth-Southwark border which means many of their patients access Dulwich.	They are on the border with Southwark and flow to Dulwich most logical. Would community services still be operated by LCH if hub in southwark? What impact would this have upon integrated care delivery?
Brockwell Park (36 on map)	4,800	Practice was not included as spoke in the stage 1 business case for Norwood as their practice was a bit further from the spoke.	They could become included within the network in stage 2 business case with minimal impact. Population for Norwood network would increase from 57,000 to 61,000. Access routes good from catchment area to Norwood NRC, they are just a bit further away.
Brixton Hill (08 on map)	10,000	Feedback from these practices and Partnership Manager says these patients would not access either Akerman or Norwood	These patients are more likely to access Gracefield, Clapham Town or Dulwich. If these practices are assigned to other polysystems it breaks the co-terminosity with LCH and LBL. Polysystem guidance explicitly states that there should be 100% population coverage.
Pavilion (38 on map)	6,000	Feedback from these practices and Partnership Manager says these patients would not access either Akerman or Norwood	
Brixton Water Lane (22 on map)	7,500	Feedback from these practices and Partnership Manager says these patients would not access either Akerman or Norwood. Recent email from this practice said their patients would go to Dulwich.	

Appendix C



NB: The large dark area in the south includes Brockwell Park so is potentially misleading. This means there is a high patient count in the residential area around Brockwell Park which is part of the same super output area.

